Strategic Work Plan

The activities and evaluation strategies in each of the six components have been incorporated into a Strategic Work Plan, which is included in the following pages. This Strategic Work Plan includes objectives, activities, responsible partners, time frames, cost, outcomes, and evaluation measures.



Strategic Lead Poisoning Elimination Work Plan

COMPONENT 1: EDUCATION & OUTREACH

Goal 1: Reduce childhood lead poisoning cases (confirmed \geq 10 µg/dL) by 1% annually (baseline: percentage rate 6.4% MDCH/CLPPP 2003) through education and outreach initiatives.

Objective 1: Develop and implement an ongoing citywide educational awareness campaign to assure that parents, professionals, and the general public are aware of the dangers of lead exposure by 2005.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify target audiences for outreach and education including parents of children under the age of six years of age, landlords, homeowners, physicians, schools, preschools, child care providers, churches, community centers, foundations and corporations, HMOs, and specific ethnic groups (African American, Hispanic, Arab).	DCLPP&CP, DLP, LEAP Detroit, DWEJ, 4Cs, HMOs, MDCH/CLPPP, WSU/EHSC/COEP, DPS, NAACP, Head Start Programs, HH=HK, LFS, CLEARCorps / Detroit	December 2004 and annually	\$500 database fees (database of medical providers & churches)	Approx. # of individuals in each target audience known to assist in providing education and outreach activities.	Monitor the number of individuals in each target audience annually.
Identify education message for each target audience and translate for necessary ethnic groups.	DCLPP&CP, LEAP, DPS, WSU/EHSC/COEP, MDCH/CLPPP, HH=HK, AIHFS, CLEARCorps / Detroit, ACC, LFS	Short term and ongoing	\$4,000 (copies for different ethnic groups); cost includes fees for printing and translation	Lead information is consistent and appropriate for each target audience and ethnic group.	Pilot the education messages with each target audience and ethnic group.
Identify existing materials and develop additional materials for the target audiences such as posters, flyers, pamphlets, PowerPoint slide shows, fact sheets, websites, data books, and videos.	DCLPP&CP, DLP, LEAP Detroit, DHC, DWEJ, CLPPPs, LFS, WSU/EHSC/COEP, DPS MDCH/CLPPP, CLEARCorps / Detroit, HH=HK	Short term and ongoing	\$60,000 to reproduce materials, posters, videos and website development	Educational materials available to enhance the lead message.	Monitor the type and number of requests for materials and presentations, and monitor the number of materials disseminated.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Develop a lead information resource of available lead information and assure broad access with resources such as EPA, CDC, HUD, local and state and health departments, and universities.	DCLPP&CP, MDCH/CLPPP, CLPPPs, CDC, EPA, HUD, WSU/EHSC/COEP, CLEARCorps / Detroit, HH=HK	Short term and ongoing	\$10,000 annually to stock and replenish material	Increased accessibility of comprehensive lead materials from various sources.	Monitor the number of requests for literature and track the amount of literature ordered and disseminated.
Develop a comprehensive media campaign for a broad audience through the use of television, newspaper, billboards, bus boards, PSAs, and radio.	DCLPP&CP, DLP, LEAP Detroit, DWEJ, CLPPPs, WSU/EHSC/COEP, DPS, MDCH/CLPPP, CLEARCorps / Detroit, HH=HK	Mid term	\$100,000	A broader audience reached.	Monitor the number of media productions.
Provide lead presentations for students in academia about the effects of lead on the child's growth and development.	DCLPP&CP, MDCH/CLPPP, DPS, WSU/EHSC/COEP	Short term and ongoing	\$1,000 printing and mileage	Future professionals knowledgeable about lead.	Monitor the number of presentations to developing professionals.
Develop a speaker's bureau with representation from the Hispanic, Arabic, Muslim, and American Indian Communities.	DCLPP&CP, MDCH/CLPPP, ACC, LFS, BADR, AIHFS	Mid term	\$4,000 for equipment and printed materials	Increased lead awareness among Detroit's ethnic communities.	Monitor the number of speakers, presentations, and literature distributed.
Develop new and innovative outreach strategies to address primary and secondary lead sources.	DCLPP&CP, LEAP Detroit, DWEJ, MDCH/CLPPP, PDD, 4Cs, DHC, WSU/EHSC/COEP, DPS, CLEARCorps/ Detroit, HH=HK	Short term and ongoing	\$25,000 annually for printed materials, staff, and incentives	Reaching the hard-to-reach.	Monitor the number of new outreach strategies developed.
Include lead poisoning testing information in training for foster parents.	MDCH/CLPPP, CHM, Wayne County FIA	Short term	\$10,000 copy and dissemination of Universal Testing Policy and lead information	Foster Care parents have increased awareness of lead testing.	Monitor the number of children tested and case management of lead poisoned children while in foster care.

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Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate physicians and health care professionals about the importance of lead testing in general and testing at appropriate intervals.	WSU/EHSC/COEP, CHM, WSU/COEP, HMOs	Short term and ongoing	\$3,000 for printed materials and equipment maintenance	Increased lead testing among physicians and health care professionals at appropriate intervals.	Monitor the number of physicians and health care professionals who test children at appropriate intervals.
Educate the Wayne County FIA district managers on childhood lead poisoning.	DCLPP&CP, MDCH/CLPPP	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse	Increased lead knowledge among service workers serving the community.	Monitor the number of presentations and the number of attendees.
Educate WIC, Head Start, day-care, and DPS staff on an overview of childhood lead poisoning.	DCLPP&CP	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the lead information resource	Increased testing at WIC, Head Start, day-care, and DPS sites.	Monitor the number of sites that test children for lead and the number of children tested.
Establish partnerships with the local media (<i>Detroit News, Detroit Free Press,</i> radio, and television) to sustain increased public awareness of lead issues.	DCLPP&CP, NAACP, LEAP Detroit, DHC, CLEARCorps, MDCH/CLPPP, PDD, HH=HK, DLP, WSU/EHSC/COEP	Short term and ongoing	No cost	Increased public awareness on the importance of lead testing, interim controls, abatement, and enforcement.	Monitor the partnerships created and media activities.

Objective 2: Provide education on landlords' legal responsibilities and tenants' rights to individuals either residing in or who own homes in which lead hazards are identified by June 2005.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate landlords, homeowners, Section 8 recipients, sellers, and renters about the EPA 1028 Disclosure Rule.	DCLPP&CP, DWEJ, HH=HK, LADA, WSU, DHC, LEAP Detroit, CLEARCorps / Detroit, MSHDA	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse	Targeted audiences are educated about 1018 Disclosure Rule.	Monitor the number of 1018 Disclosure information flyers disseminated.
Educate tenants on their responsibility to control and eliminate lead hazards via cleaning techniques and interim control measures.	DCLPP&CP, HH=HK, DWEJ CLEARCorps / Detroit, DHC, LFS	Short term and ongoing	The cost for this activity is included in the \$10,000 for the development of the clearinghouse	Immediate lead reduction skills acquired among tenants.	Monitor the number of tenants receiving lead-reduction education.

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[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate landlords on tenant rights and their responsibility to control and prevent childhood lead poisoning.	DCLPP&CP, LADA, LFS CLEARCorps /Detroit, HH=HK	Short term and ongoing	The printed material fee has already been assessed	Increased landlord knowledge of tenant rights with regard to lead poisoning.	Monitor the number of landlords educated about lead reduction.
Educate tenants on how to access the Registry listing of lead-safe housing.	DCLPP&CP, WSU/CUS, LFS, MDCH/CLPPP LEAP Detroit, CLEARCorps /Detroit, HH=HK	Mid term and ongoing	The printed material fee has already been assessed	Tenants aware of lead-safe housing.	Monitor the number of tenants who report utilizing the Registry and find housing.
Educate landlords on the property maintenance code and abatement resources.	DCLPP&CP, BSE, LEAP Detroit, LADA, LFS	July 2005 and ongoing	The printed material fee has already been assessed	Property maintained by landlords.	Monitor the number of homeowners and landlords participating in the education sessions.

Objective 3: By June 2005, provide education on remediation / abatement resources to 90% of parents of identified lead poisoned children.

Activities	Responsible Partners	Time Frame *	Cost	Impact (outcome)	Evaluation
Educate parents of identified lead poisoned children on how to link with and qualify for remediation / abatement services and resources.	DCLPP&CP, NCH, LEAP Detroit, LFS, BSE, PDD, DWEJ, 4Cs, HH=HK; CLEARCorps / Detroit	July 2005 and ongoing	The printed material fee has already been assessed	Parents of identified lead poisoned children are aware of abatement / remediation services and resources.	Monitor the number of families with lead poisoned children educated about remediation / abatement resources.

Objective 4: By June 2005, provide two lead-safe work practices workshops annually for individuals doing repairs, renovation and remodeling, including contractors, homeowners, window replacement companies, and community handy persons.

Activities	Responsible Partners	Time Frame *	Cost	Impact (outcome)	Evaluation
Plan, schedule, and conduct Train the Trainer education sessions to address lead-safe work practices.	DCLPP&CP, MSHDA, MDEQ MDCH/CLPPP, DHC, LEAP Detroit, PDD	July 2005 and ongoing	\$15,000 for materials	Broadened trained workforce to address lead-safe work practices in the community.	Monitor the number of trained persons and the number of education sessions.

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COMPONENT 2: UNIVERSAL AND TARGETED TESTING

Goal 1: To increase the percentage of children tested annually by 5% (baseline 35% - 2003).

Objective 1: By June 30, 2005, 90% of the identified medical providers serving Detroit's children less than six years old will receive the Universal Testing Policy.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Review and revise the Universal Testing Policy as needed.	DCLPP&CP, MDCH/CLPPP	April 2005	\$2,000 for printing	Universal Testing Policy updated.	Publish revised Universal Testing Policy.
Continue to disseminate the Universal Testing Policy to newly identified medical providers.	DCLPP&CP, DLP, MDCH/CLPPP	July 2005 and ongoing	\$1,000 for mass mailing	Universal Testing Policy available to medical and non- medical providers.	Calculate the number of returned, undelivered Universal Testing Policy information packets to document receipt and compare the number of newly identified providers with the number of providers in the database.
Continue to update the database of medical providers serving children under the age of six in the Medicaid database.	MDCH/CLPPP	July 2005 and ongoing	Cost included for surveillance activities	A complete and current database of medical providers established.	Medical provider database sent electronically quarterly to the DCLPP&CP.

Objective 2: By June 30, 2005, 100% of the Health Maintenance Organizations (HMOs) serving children residing in Detroit will increase their testing rates.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Partner with HMOs to explore strategies to increase testing among their enrollees.	DCLPP&CP, MDCH/CLPPP, HMOs	Quarterly, beginning July 2004	No cost	Implement strategies to increase testing among HMOs.	Monitor the number of new strategies to increase testing.
Convene a meeting to establish a mutually agreed upon method of measuring testing rates among HMO providers.	DCLPP&CP, MDCH/CLPPP, HMOs	December 2004	No cost	A mutually agreed upon method of measuring testing among HMO providers.	Compile the meeting materials (attendance sheets and meeting minutes) and monitor the established methods developed to measure testing rates among HMO providers.

^{*}Time Frame: Short term = July 1, 2004 - June 30, 2005 Mid term = July 1, 2005 - June 30, 2007 Long term = July 1, 2007 - June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Goal 2: Target lead testing to high-risk populations (Medicaid-enrolled children, children 0-3 years of age, and racial and ethnic groups) living in Detroit.

Objective 1: By June 30, 2007, increase lead testing from 40.3% to 80% of Medicaid-enrolled children.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Compare the Medicaid database with the STELLAR database to identify Medicaidenrolled children under age 6 who have not been tested.	DCLPP&CP, MDCH/CLPPP	Quarterly, beginning September 2004	No cost	Identify percentage of Medicaid-enrolled children not tested.	Generate list of Medicaid-enrolled children under the age of six not tested.
Utilize surveillance software to map Medicaid children not tested by census tract.	DCLPP&CP	Quarterly, beginning September 2004	No cost	Medicaid population not tested under the age of six will be spatially mapped.	Compare quarterly testing data in STELLAR with quarterly data from the previous year.
Offer testing in child care facilities, preschools, WIC clinics, Immunization clinics, and primary care sites that service Medicaidenrolled children.	DCLPP&CP, CHM MDCH/CLPPP, LFS	Short term and ongoing	\$10,000 staff time for testing	Increase testing of Medicaid-enrolled children.	Monitor the number of Medicaid-enrolled children tested.

Objective 2: By June 30, 2010, increase lead testing of children 0-3 years of age 6% annually (baseline 48% 2003 MDCH calendar year data).

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Build partnerships with existing Maternal Child Health programs (Healthy Start, MSS, Nurse Family Partnership, Early On, Infant Mortality Project & Children's Special Health Care Services) to identify children 0-3 not tested for lead and coordinate testing.	DCLPP&CP, LFS, MDCH/CLPPP, CHM	July 2004 and ongoing	\$10,000 cross training	Increase testing in 0-3 targeted group.	Compare quarterly testing data in STELLAR with previous year's quarterly data.
Conduct lead testing at immunization clinics.	DCLPP&CP, HMOs	August 2004	See cost for testing supplies	Increase testing in 0-3 year olds.	Monitor the number of children tested in the 0-3 age range during immunization clinics.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue lead testing in childcare centers and Detroit Public Schools Preschools.	DCLPP&CP, DPS, CHM	July 2004 and ongoing	See cost for testing supplies	Increase testing in 0-3 year olds.	Monitor the number of children tested in the 0-3 age range at child-care centers.
Continue to partner with faith-based organizations to provide lead testing on site.	DCLPP&CP, MDCH/CLPPP, CHM, FBOs	July 2004 and ongoing	\$3,000 for participant incentives	Increase testing of 0-3 year olds.	Monitor the number of children tested through faith-based organizations testing initiative.

Objective 3: By June 30, 2010, increase lead testing in racial and ethnic groups (Arabic, Muslim, Hispanic, and American Indian) by 3.2% annually (baseline - 9% 2003 STELLAR database).

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Enhance partnerships with existing community agencies to test children in the Hispanic, Arabic, Muslim, and North American Indian communities, etc.	ACC, CHASS, AIHFS, BADR, LEAP Detroit, LFS	July 2004 and ongoing	\$5,000 translation for testing & follow-up	Increased testing in racial/ethnic groups.	Monitor the number of children tested by racial and ethnic group.
Report testing data to community leaders.	DCLPP&CP, MDCH/CLPPP	September and ongoing	No cost	Increased testing in racial/ethnic groups.	Monitor the number of reports sent to community leaders.

COMPONENT 3: PRIMARY PREVENTION

Goal 1: Prevent lead exposure in children residing in Detroit.

Objective 1: By June 30, 2005, expand primary prevention activities from 100 to 200 pregnant women and 300 (baseline of 200) children with a BLL $< 10 \mu g/dL$ in the City of Detroit.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue to recruit pregnant women and non-lead poisoned children under the age of six from existing Maternal Child Health programs and community-based organizations interfacing with families.	DCLPP&CP, CBOs, MCH programs, LFS	July 2004 and ongoing	Total = \$47,250 \$30,000 to hire outreach staff \$6,000 for Target gift cards \$11,250 for buckets of cleaning supplies	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and non-lead poisoned children recruited as a result of this collaboration.

^{*}Time Frame: Short term = July 1, 2004 - June 30, 2005 Mid term = July 1, 2005 - June 30, 2007 Long term = July 1, 2007 - June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Collaborate with family service workers from Head Start programs to recruit pregnant women and non-lead poisoned children under the age of six.	DCLPP&CP, Head Start programs	July 2004 and ongoing	The cost is included in the cost listed for the first activity	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and non-lead poisoned children recruited as a result of this collaboration.
Collaborate with HMOs to identify pregnant women and women who have recently delivered.	DCLPP&CP, HMOs, hospitals	August 2004 and ongoing	This cost is included in the cost listed for the first activity	An increase in the number of primary prevention program participants.	Monitor the number of pregnant women and newborns recruited as a result of this collaboration.
Provide extensive lead- reduction education in the homes of pregnant women and families with non-lead poisoned children.	DCLPP&CP, CHASS, ACC, CBOs, HH=HK,CLEARCor ps / Detroit	July 2004 and ongoing	\$5,000 for lead literature	Increased awareness of lead hazards, importance of lead testing and primary prevention activities.	Monitor the lead reduction education provided.
Collect dust samples before and after the super cleaning demonstration from possible high-risk areas in homes.	DCLPP&CP	July 2004 and ongoing	\$500 for ghost wipes (1000/pk) for clearance sampling	An established lead dust load baseline for a point of comparison.	Analyze and compile dust wipe samples and results.
Demonstrate cleaning interventions (super cleaning method and HEPA-Vacuum use) as an immediate and temporary measure to lower lead risks.	DCLPP&CP	Short term	No cost	Increased awareness of immediate and temporary lead hazard reduction techniques.	Monitor the environmental lead report for a reduction in lead dust hazards after the super cleaning demonstration.
Coordinate and monitor the HEPA-Vacuum Loan program.	DCLPP&CP	July 2004 and ongoing	\$2,500 for maintenance fees and replacement filters	A reduction in residential lead hazards.	Monitor the number of primary prevention program participants who borrow the HEPA-Vacuum.

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Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Partner with community-based organizations to conduct educational outreach and temporary hazard controls in Detroit neighborhoods in which they currently work.	DCLPP&CP, DWEJ, LEAP Detroit, LFS, HH=HK, DLP	July 2004 and ongoing	\$10,000 for dust sampling analysis	Increased lead awareness and a reduction in residential lead hazards.	Monitor the number of home visits conducted, education sessions and outreach activities in Detroit neighborhoods.

Objective 2: By June 30, 2005, educate 95% of participating homeowners and landlords to identify and reduce lead hazards and implement control techniques to prevent lead exposure to children.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Send primary prevention program property owners a packet of information including the dust sample results, lead hazard reduction guidelines, lead prevention and control workshops, and safework practices trainings.	DCLPP&CP	July 2004 and ongoing	\$2,500 for duplication services, toner and Xerox machine maintenance fees	Increased knowledge of residential lead hazards and methods to reduce these hazards.	Monitor the number of information packets mailed to property owners.
Refer property owners to partners engaged in lead hazard reduction and lead abatement.	DCLPP&CP, DHC, Pⅅ, HH=HK; CLEARCorps/ Detroit, LEAP Detroit	July 2004 and ongoing	The cost is included in the \$30,000 for additional outreach staff	Increased number of lead-safe units.	Monitor the number of property owners referred and the number of homes abated.
Conduct lead prevention and control workshops demonstrating immediate hazard control techniques for property owners, tenants, and other audiences.	DCLPP&CP, PDD, DHC, BSE, LEAP, HH=HK, CLEARCorps / Detroit	Quarterly, beginning July 2004	\$10,000 for supplies, materials and location	Increased effort to maintain a lead- safe standard in housing.	Monitor the number of workshops and attendees.
Collaborate with the Education and Outreach subcommittee to link primary prevention program property owners and tenants with lead-safe work practices training.	DCLPP&CP, BSE, MDCH/CLPPP	July 2004 and ongoing	The cost is included in the \$10,000 for supplies, materials and location	Increased efforts to maintain a lead-safe standard in housing.	Monitor the number of primary prevention program property owner and tenant referrals and those in attendance.

^{*}Time Frame: Short term = July 1, 2004 - June 30, 2005 Mid term = July 1, 2005 - June 30, 2007 Long term = July 1, 2007 - June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

COMPONENT 4: HOUSING

Goal 1: Create lead-safe housing in Detroit by 2010.

Objective 1: By June 2005, we will establish a baseline of lead safe pre-1978 housing.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Establish a reporting mechanism for gathering data regarding homes that have been remediated, abated, and cleared.	Steering committee	December 2004 and ongoing	No cost	An established mechanism for tracking lead-safe housing.	Monitor the number of homes that have been remediated, abated, and cleared.
Share pre-1978 lead-safe housing data with the elimination steering committee.	DCLPP&CP, PDD, DHC, LEAP Detroit, DWEJ, CLEARCorps / Detroit, HH=HK	November 2004 and ongoing	No cost	A shared knowledge of housing activities.	Quarterly report compiled.

Objective 2: Increase the number of abated homes annually.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Increase public awareness of abatement resources (town hall meetings, churches, and community-based organizations).	DCLPP&CP, PDD, DHC, MDCH/CLPPP, NPCs	Short term	\$1,000 location and printed materials	Public aware of abatement resources.	Monitor the number of interested contacts as a result of the outreach efforts at town hall meetings, churches, etc.
Assist with the completion of abatement applications.	DHC, LEAP Detroit, PDD	Short term	\$35,000 to hire an intake coordinator	Increased completed applications.	Compare the number of completed applications returned to the number of applications disseminated.
Utilize surveillance data to target the neighborhoods with the highest number of EBLL children.	DCLPP&CP	August 2004 and ongoing	\$1,500 for software and printing of the data book	Areas with the highest number of EBLL children identified.	Review maps that identify the areas with the highest number of EBLL children.
Disseminate literature in targeted neighborhoods via a door-to-door campaign effort.	DCLPP&CP, DHC, PDD, LEAP Detroit, HH=HK, CLEARCorps / Detroit	Short term	\$3,000 GIS surveillance data, \$50,000 door-to- door campaign	Resources are allocated in the neighborhoods with the greatest need.	Monitor the number of pieces of lead literature distributed.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify pre-1978 lead hazardous homes that have poisoned two or more unrelated children in high-risk neighborhoods utilizing GIS software.	DCLPP&CP	Short term	No cost	Pre-1978 lead hazardous homes are identified.	Monitor the STELLAR database biannually for new addresses that poison multiple unrelated children.
Notify landlords and property owners via certified letters of new, unrelated lead poisoned children as a result of unabated homes and assist them with developing a plan to make the home leadsafe.	DCLPP&CP, LEAP Detroit, DHC, MDCH/CLPPP	Short term	\$500 for outreach to notify landlords	Landlords and property owners will be informed of lead hazards in their homes.	Compare the number of landlords and property owners notified with those that respond to the letter.
Disseminate lead abatement applications.	Pⅅ, DWEJ, DHC LEAP Detroit, NCHs	July 2004 and ongoing	\$1,000 for printing	Increased availability of lead abatement applications.	Compare the number of applications disseminated with the number of applications returned completed.
Link abatement to the Weatherization and Energy Saving Programs (i.e. gutters, roofs, garages) through a referral process.	DHC, Pⅅ, LEAP, WESPs	Short term	No cost	Increase the amount of resources for abatement.	Monitor the number of homes referred to the Weatherization and Energy-Saving programs.
Refer non-lead housing violations supported by digital imaging to Buildings and Safety Engineering or Community Industrial Hygiene for resolution.	DCLPP&CP	July 2004 and ongoing	No cost	Non-lead housing violations referred appropriately.	Monitor the number of referrals to other City departments for housing violations.
Identify available resources for relocation of families during the abatement process.	DHC, PDD, LEAP Detroit, 4Cs	July 2004 and ongoing	No cost	Identified resources.	Monitor the number of new resources identified.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009 ‡ For responsible partners acronyms, refer to Appendix A on page 38.

Objective 3: Increase the awareness of lead-safe homes in the City of Detroit.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Promote the utilization of the Housing Registry to identify lead-safe housing.	DCLPP&CP, LEAP Detroit, HH=HK, MDCH/CLPPP, 4Cs, CLEARCorps / Detroit	Short term	\$60,000 create Registry	Increase the number of lead- safe housing units available.	Monitor the number of contacts to the Registry to determine an increase or decrease in usage on a quarterly basis.
Recommendations will be made to Detroit City Council Subcommittee on Dangerous Buildings to refer property owners for lead abatement assistance and provide lead-safe work practices and lead disclosure rule information.	DCLPP&CP, DCC, PDD, DHC	January 2005	\$5,000 education materials	Property owners aware of the 1018 disclosure law.	Monitor the amount of literature distributed regarding abatement, lead-safe work practices, and federal disclosure requirements.
Recommendations will be made to BSE to monitor rental property that has been previously identified with uncorrected lead hazards.	DCLPP&CP, BSE, Steering Committee	September 2004	No cost	Increased awareness among City departments of unsafe homes.	Recommendations compiled and submitted to BSE.

Objective 4: Increase the number of interim controls completed within 30 days

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Identify homes that would benefit from interim controls and refer for service.	DCLPP&CP, HH=HK, CLEARCorps / Detroit, 4Cs, DPS, Head Start Programs	July 2004 and ongoing	No cost	Reduced lead hazard exposure in homes through interim control measures.	Monitor the number of referrals and completed interim controls activities.
Disseminate surveillance data to nonprofit housing organizations to identify potential homes in need of interim controls services.	DCLPP&CP	October 2004 and ongoing	\$5,000 for printed materials and postage	Increased homeowners' awareness of interim controls services.	Monitor the surveillance data disseminated.

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COMPONENT 5: LEGISLATION AND CODE ENFORCEMENT

Goal 1: Enhance legislation regarding the control of environmental lead hazards and the lead code enforcement in the City of Detroit

Objective 1: By June 30, 2006, revise section 24-10 of the City Ordinance.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Develop recommendations to amend the ordinance to mandate training for noncompliant owner occupants and all rental property owners.	DCLPP&CP, Steering Committee, WSU/CUS, DLD	Mid term	No cost	Completed recommendations.	Compiled recommendations submitted for Council approval.
Develop recommendations to amend the ordinance to use blight violation and / or more aggressive civil infractions and civil monetary penalties per Public Act 316 of P.A. 2003 as the primary enforcement tool.	DCLPP&CP, DCC, DMO, WSU/CUS, DLD	Mid term	No cost	Strengthened code enforcement to reduce lead hazards in homes.	Monitor the number of recommendations submitted for Council approval.
Inform and reinforce rental property owners' responsibility to register their properties with the City of Detroit.	DCLPP&CP, BSE, WSU/CUS	August 2004 and ongoing	\$1,000 for printed materials	Improved quality of rental properties for low- income families.	Monitor the number of rental property owners who receive rental property information.
Explore the feasibility of linking the BSE Rental Registry with the proposed lead-safe Housing Registry.	DCLPP&CP, MDCH/CLPPP, BSE, LEAP Detroit, DCC, WSU/CUS	Short term	No cost	Feasibility of linkage between BSE Rental Registry and lead-safe Housing Registry determined.	Monitor the progress toward establishing the linkage.

Objective 2: By June 30, 2005, improve enforcement of section 24-10 of the City Ordinance until revisions are made.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Increase the number of lead inspectors to address timely inspections, lead hazard reduction demonstration, and code enforcement activities.	DCLPP&CP	Mid term	\$35,000 per inspector (salary & 30% fringe)	Increased lead inspection workforce.	Monitor the increase in the number of inspectors.

^{*}Time Frame: Short term = July 1, 2004 - June 30, 2005 Mid term = July 1, 2005 - June 30, 2007 Long term = July 1, 2007 - June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Activate a Lead Enforcement Quick Action Team pilot project to promote appropriate housing treatment and code enforcement.	DCLPP&CP, MDCH/CLPPP, PDD, DHC, BSE	Short term	\$5,000 public education	Provide seamless linkage with abatement resources/agencies.	Monitor the number of homes brought into compliance and receiving housing treatment.
Review and strengthen the administrative hearing and court process to assure timely and appropriate enforcement.	DCLPP&CP, Administrative Hearings Officer	Short term	\$3,000 public education	Timely enforcement.	Monitor the effectiveness of the hearing and court processes.
Explore the feasibility of developing a Lead Hazard Monitoring System to track lead hazard control in homes previously identified with lead violations, and include in the revised ordinance.	DCLPP&CP, DHC PDD, BSE, WSU/CUS, LEAP Detroit	Short term	No cost	Revised ordinance includes a monitoring system for houses with repeat lead violations.	Revised ordinance will include the monitoring system for houses with repeat lead violations.

Objective 3: By June 30, 2005, advocate for Local and State legislation governing lead abatement, enforcement, and testing

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Explore the feasibility of developing a property owners' council to educate property owners and tenants to advocate for legislation governing lead laws and activities.	DCLPP&CP, LEAP Detroit, WSU/CUS, 4Cs, BSE, DWEJ, DLP	October 2004 and ongoing	\$500 printed materials and postage	Council established to participate in the legislative decision-making process.	Monitor the progress of the development of the council.
Support House bills to develop and maintain a mandatory housing register for pre-1978 rental properties.	DCLPP&CP, HH=HK, MDCH/CLPPP, DLP, CLEARCorps / Detroit, DCC, DMO, LEAP Detroit, WSU/CUS	July 2004 and ongoing	No cost	Legislation supports lead-safe housing.	Monitor the progress of the passing of the House bill.
Support House bills that provide incentives for property owners to abate lead hazards before children are poisoned.	DCLPP&CP, MALPH, LEAP Detroit, DLP, WSU/CUS	July 2004 and ongoing	No cost	Legislation to improve abatement.	Monitor the progress of the passing of the House bill.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Support regulations requiring all professional / non-professional renovators to use leadsafe work practices in pre-1978 housing.	DCLPP&CP, DLP, MDCH/CLPPP, WSU/CUS	July 2004 and ongoing	No cost	Compliance with State and local regulations.	Monitor activities related to supporting regulations of leadsafe work practices.
Support regulations that address environments where children spend their time.	DCLPP&CP, DLP MDCH/CLPPP, LEAP Detroit, WSU/CUS	July 2004 and ongoing	No cost	Compliance with State and local regulations.	Monitor the status of regulations that address environments where children spend their time.

COMPONENT 6: FUNDING AND RESOURCE ENHANCEMENT

Goal 1: To acquire funding and resources to eliminate childhood lead poisoning.

Objective 1: Secure resources to adequately fund/support lead poisoning prevention, remediation, and treatment interventions.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Continue to acquire federal funding (CDC, EPA, & HUD) for lead activities.	DCLPP&CP, LEAP Detroit, DHC, DMO	August 2004 and ongoing	No cost	Sustained federal funding.	Monitor federal funds secured for lead elimination activities.
Identify new sources of sustainable funding, including fees and fines.	DCLPP&CP, DHC DMO, DLP, LEAP Detroit	January 2005	No cost	Alternative sources of funding secured.	Monitor new sources of sustainable funding.
Bill for Medicaid reimbursement for lead services.	DCLPP&CP	July 2004 and ongoing	No cost	Increased revenues.	Monitor revenues generated from Medicaid lead services quarterly.
Raise private and foundation dollars for short-term demonstration efforts.	DMO, WSU/CUS, DCC, CPC, LEAP Detroit, DHC	July 2004 and ongoing	No cost	Private and corporate donations secured.	Monitor private / foundation dollars secured.
Promote an increase in funding available for home repair loans and abatement from MSHDA.	DCLPP&CP, DCC, DMO, DLP, LEAP Detroit, HH=HK, CLEARCorps / Detroit	September 2004 and ongoing	No cost	Increase in funding to assist with housing treatment.	Monitor the appropriation of funds for home abatement and repair from MSHDA.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009 ‡ For responsible partners acronyms, refer to Appendix A on page 38.

Objective 2: Assure that mechanisms are in place to acquire funding for lead activities.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Coordinate City of Detroit departmental efforts to seek funding.	DMO, DCC	Short term and ongoing	No cost	Consistent collaborative funding for lead.	Monitor the number of departmental efforts to acquire funding.

Objective 3: Create a repository for monies raised, i.e. fees, fines, etc.

Activities	Responsible Partners ‡	Time Frame *	Cost	Impact (outcome)	Evaluation
Support the creation of a State of Michigan Public Health Trust (PHT) to include lead funding.		January 2005 and ongoing	No cost	A sustainable source of lead funding.	Monitor the PHT development process.

^{*}Time Frame: Short term = July 1, 2004 – June 30, 2005 Mid term = July 1, 2005 – June 30, 2007 Long term = July 1, 2007 – June 30, 2009

[‡] For responsible partners acronyms, refer to Appendix A on page 38.

Appendix A – Strategic Lead Poisoning Elimination Partners & Department/Agency Acronyms

American Indian Health and Family Services*AIHFS	Faith-Based Organizations* FBOs
Arab-American and Chaldean Council*ACC	Greater Detroit Area Health Council
BADR for Development and Relief*BADR	Head Start Programs*
Bagley Housing Association*	Health Maintenance Organizations*
Buildings and Safety Engineering	Healthy Homes=Healthy Kids*HH=HH
Centers for Disease Control and Prevention*	Latino Family Services*LFS
Child Care Coordinating Council*	Lead Elimination Action Program Detroit* LEAP Detroit
Childhood Lead Poisoning Prevention Programs	Legal Aid & Defenders Association* LADA
Children's Hospital of Michigan*	Maternal Child Health MCH
City Connect	Michigan Association for Local Public Health MALPH
City Planning Commission*CPC	Michigan Department of Community Health* MDCH
Community-Based OrganizationsCBOs	Michigan Department of Environmental Quality MDEQ
Community Health & Social Services, Centers, Inc.* CHASS	Michigan State Housing Development Association* MSHDA
Community Lead Education and Reduction Corp.* . CLEARCorps/Detroit	Midwest Health Plan
Department of Health and Wellness Promotion DHWP	Molina Health Plan* MHP
Department of Housing & Urban Development	National Association for the Advancement of Colored People . NAACP
Detroit Childhood Lead Poisoning and Prevention DCLPP	Neighborhood City Halls* NCHs
Detroit Childhood Lead Poisoning Prevention & Control Program DCLPP&CP	Non-profit CorporationsNPCs
Detroit City Council*DCC	North American Indian Health NAIH
Detroit Community Partnership to Eliminate Lead Poisoning DCPELP	Planning and Development Department* PDD
Detroit Dental Health Project*	Southwest Detroit Housing Corp.* SWDH
Detroit Hispanic Development Corp.* DHDC	Total Health Care*THC
Detroit Housing Commission*DHC	United Community Housing Coalition*UCHC
Detroit Immunization Program* DIP	Wayne County Family Independence Agency WCFIA
Detroit Law Department	Wayne State University Centers for Urban Studies*WSU/CUS
Detroit Lead Partnership* DLP	Wayne State University/Environmental Health Sciences Center/Community
Detroit Mayor's Office*	Outreach Education Program*WSU/EHSC/COEP
Detroit Public Schools* DPS	Weatherization & Energy Saving Programs WESPs
Detroiters Working for Environmental Justice*DWEJ	Women Infant and Children*
Environmental Protection Agency*EPA	* Strategic lead poisoning elimination partners

Appendix B – Universal Testing Policy

Lead: The #1 Environmental Health Hazard to Children. Lead is Found in

Lead-based paint, old auto parts, stained glass, varnishes, shellac, furniture finishers, metal candle wicks (religious candles), imported cosmetics: Kohl, Surma, colored newspaper, lead-glazed pottery and dishes, leaded crystal, keys, old or repainted cribs and toys, dirt, dust, leaded

pipes, vinyl mini-blinds, matches, tobacco, ethnic spices, industrial crayons, imported candy, food stored in open cans and imported cans, vegetables grown in lead-contaminated soil, non-FDA-approved calcium supplements

Pediatric Health Care Providers are Required to:

Provide blood lead level (BLL) tests for all 1-and 2-year old children.

Provide BLL tests for all children ages 36-72 months who have no record of previous test.

Provide parents and caregivers information regarding the major sources of lead and preventive measures.

Give parents and caregivers written documentation of BLL testing and explain the results.

For children with BLL >10 μg/dL, provide follow-up testing, education, and nutritional counseling.

Refer immediately all children with venous BLL $> 44 \mu g/dL$ for complete medical treatment.

Confirm capillary BLL of 10 µg/dL or greater with a venous specimen.

Refer each child with a venous BLL of 20 μ g/dL or greater to the Detroit Department of Health and Wellness Promotion for environmental investigation.

Non-Medical Services Providers Are Required to:

Ask if all children aged 1 up to 6 years old who present for one-time or walk-in services have been appropriately assessed and tested. If not, the child should be tested or referred for testing. Test results must be reported to the pediatric primary health care provider or the Detroit Department of Health and Wellness Promotion.

Physicians and Health Care Providers: PARTNER WITH PARENTS!

Teach These Lead Poisoning Prevention and Risk Reduction Tips:

Hygiene – Wash child's hands before meals, snacks, and bedtime. Wash toys and pacifiers frequently.

Nutrition – Provide children with foods rich in calcium, iron, and vitamin C. Provide three nutritional meals and two healthy snacks daily. Feed children lots of fruit, milk, vegetables, yogurt, beans, cheese, fish, and chicken. Limit fried foods.

Housekeeping - Minimize house dust by damp mopping surfaces in the home. Use of conventional home vacuum cleaners and brooms spreads lead dust to other areas.

Hobbies and Work – If either involves exposure to lead, avoid exposure to children.

Home Renovation – If lead paint is present or suspected to be present, don't start renovation projects without getting the proper training or hiring trained contractors. Call (313) 876-4212 to sign up for a free Detroit Department of Health and Wellness Promotion workshop, or to get information on lead-safe renovation.

Nutrition: A Diet Rich in Calcium and Iron Reduces Lead Absorption

Foods With Calcium:

Milk, Breast Milk, Cheese, Yogurt, Broccoli, Greens (Collard, Turnips, Mustard, Spinach, Kale) Calcium-Fortified Orange Juice

Foods With Iron:

Lean Meat, Poultry, Liver, Molasses, Beans, Nuts, Raisins, Enriched Cereal, Bread, Pasta, Tofu Products (Soy Milk, Burgers, Etc.), Iron Supplements

The Detroit Department of Health and Wellness Promotion Childhood Lead Poisoning Prevention Program

Herman Kiefer Health Complex 1151 Taylor, Rm. 151B Detroit, MI 48202

Monday – Friday; 8:30 a.m. – 4 p.m. (313) 876-4200 or (313) 876-4201

The Detroit Department of Health and Wellness Promotion Universal Lead Testing Policy is based on Michigan State Laws in cooperation with the Centers for Disease Control and Prevention and the Michigan Department of Community Health for health care providers and organizations. The Universal Lead Testing Policy was created to assist in the assessment, testing, and management of young children at risk for/exposed to lead. All Medicaid recipients under the age of six should receive a blood test for lead per Medicaid requirements.

For Blood Lead Levels and Required Care See Chart Below

Universal Testing Policy

Venous Blood Lead Level (μg/dL)	Action	Capillary Screening (Follow-up w/venous testing)	
<10	Re-test in 1 year. Provide anticipatory guidance, lead literature, and education.	(µg/dL)	Action
10-14	Re-test every 3 months until lead level is <10 µg/dL. Referral is made to Public Health Nurse for home visit, home assessment, and developmental test, lead education/referrals as needed; Social Worker, Nutritionist, WIC, Early On, Interim control.	10-14 μg/dL	Within 1 month
15-19	Re-test every 2 months until lead level is <10 μ g/dL. Follow same actions as above.	15-19 μg/dL	Within 1 month
20-44	Re-test every 1–2 months until lead level is <15 µg/dL. Follow same actions as above, plus home inspection is required.	20-44 μg/dL	Within 1 week
≥ 45	Re-test every month until lead level is <15 µg/dL. Immediate physician follow-up, chelation therapy, home inspection, and Public Health Nurse referral.	≥ 45 µg/dL	Within 24 hours

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Acknowledgments

We are so often caught up in our destination that we forget to appreciate the journey, especially the goodness of the people we meet on the way. Appreciation is a wonderful feeling, don't overlook it. — Source Unknown

The Department of Health and Wellness Promotion Childhood Lead Poisoning Prevention and Control Program certainly does not want to forget the yearlong journey and overlook the goodness and effort of the people who helped us to make to this juncture. Therefore, the DCLPP&CP wishes to acknowledge the co-chairs of the six subcommittees who facilitated group discussions; the development of goals, objectives, and activities; and the compilation of recommendations for the Strategic Work Plan.

Subcommittee Co-chairs include:

Gwendolyn Franklin and Sue Charette, Co-chairs of Education & Outreach
Marlene Swift, and Diane Weckerle, Co-chairs of Universal & Targeted Testing
Keisha Houston, and Kathryn Cook, Co-chairs of Primary Prevention
William Ridella, Donald Hamel, and Glenn Brown, Co-chairs of Legislation & Code Enforcement
Dr. Joyce Keith-Hargrove and Mary Sue Schottenfels, Co-chairs of Funding & Resource Enhancement
Dr. Vincent Nathan, Patricia Baines-Lake, and Jannie Warren, Co-chairs of Housing
Donele Wilkins, Alternative Co-chair

The DCLPP&CP also wishes to acknowledge the many subcommittee members who committed their time and energy, shared their ideas and expertise in composing this valuable document, and generated recommendations with performance measures for the Strategic Work Plan. We look forward to a sustained, thriving collaboration in the implementation of the Strategic Work Plan activities and the reporting of the outcomes as we endeavor to make Detroit safer and healthier for children by eliminating childhood lead poisoning as a public health concern in the City of Detroit by 2010.

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